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Total Number of Pages in This Submission

TRANSMITTAL FORM (to be used for all correspondence after initial filing) Application Number O9/923,800 Filing Date August 8, 2001 First Named Inventor Bernhard BÖHMER Art Unit 2126 Examiner Name M. A. Siddiqi

Attorney Docket Number

ENCLOSURES (Check all that apply)										
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to Group								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
X Amendment/Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)								
After Final	Petition to Convert to a Provisional Application	Proprietary Information								
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter								
Extension of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please identify below):								
Express Abandonment Request	Request for Refund	PTO-1449 Form Three (3) Cited References								
x Information Disclosure Statement	CD, Number of CD(s)									
Certified Copy of Priority Document(s)		RECEIVED								
` ′	Remarks									
Response to Missing Parts/ Incomplete Application		JUL 0 6 2004								
Response to Missing Parts under 37 CFR 1.52 or 1.53		Technology Center 210								
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SIGNA	TURE OF APPLICANT, ATTORNEY, O	RAGENT								
Firm MORRISON & FO or Individual name	ERSTER LLP 43,148									
Signature	-3/10									
Date June 25, 2004										
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PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
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THOSH P		Complete 1816							
FEE TRANSMITTAL		Complete if Known							
	١	Application Number Filing Date		09/923,800					
for FY 2004				August 8, 2001					
Effective 10/01/2003, Patent fees are subject to annual revision.	First Na		Vame	Named Inventor		Bernhard BÖHMER			
Enocure rore reves, ratent tees are subject to attitual revision.		Examiner Name				M. A. Siddiqi			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				2126			
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No.).	44912200	98 P FCF		
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
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X Deposit Account:							Technology	Contor	ነብስር
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Account Number 03-1952	Fee Code		Code	(\$)		Fee Descr	ription	Fee Paid	
Deposit Account Morrison & Foerster LLP	1051	130	2051	65	Surcharge	- late filing fee	or oath		
Account Name Morrison & Foerster LLP	1052			25	-	•	nal filing fee or cover		
The Director is authorized to: (check all that apply)		50	2052	25	sheet.	·			
X Charge fee(s) indicated below X Credit any overpayments		130	1053	130	Non-Engli	sh specification	 		
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex pa	arte reexamination		
		920*	1804	920*		g publication of			
Charge fee(s) indicated below, except for the filing fee		Δ	4005	1.840*	Examiner Requestin	action g publication of			
to the above-identified deposit account.		1,840*	1805	•	Examiner	action			
FEE CALCULATION		110 420	2251 2252	55 210		for reply within			
1. BASIC FILING FEE Large Entity Small Entity	1252 1253	950	2252	475		for reply within for reply within			
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740		for reply within			
Code (\$) Code (\$)				-					
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee	1255	2,010 330	2255			for reply within	TITEN MONTEN		
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1004 770 2004 385 Reissue filing fee	1403	290	2402	145	-	or oral hearing	ан арреан		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			_	c use proceeding		
SUBTOTAL (1) (\$) 0.00		110	2452	55		revive – unavoi			
		1,330	2453	665	Petition to	o revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issu	e fee (or reissue	∍)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design iss	ue fee			
Total Claims -20** = x = x	1503	640	2503	320	Plant issue	e fee	;		
Independent -3** = x = x	1460	130	1460	130	Petitions to	o the Commissi	oner		
Claims Cla	1807	50	1807	50	Processing	g fee under 37 (CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submissi	on of Informati	on Disclosure Stmt	180.00	
Fee Fee Fee Fee Fee Description	8021	40	8021	40		each patent as			
Code (\$) Code (\$)						imes number of bmission after f			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 ČFR 1	.129(a))			
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over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		900	1802	2 900 Request for expedited examination					
		of a design application							
		Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00						180.00	
**or number previously paid, if greater; For Reissues, see above	Redi	uceu by t	Jabic Fl	my ree	raiu	SUBIUL	AL (3) (\$)	100.00	
SUBMITTED BY			-			(Complete /	if applicable))		
		ration No	1) 1/2	,148			202) 887-1525		
Name (Print/Type) Kevin R Spivak		ey/Agenf)	(1)	, 140		+	<u></u>		
Signature 4	1	all	_	<u></u>		Date	June 25, 2004		
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